

The Michigan Department of Community Health (MDCH) Fiscal Year 2014 (FY14) Community Mental Health Services **Adult Block Grant Request for Applications (RFA)** builds upon priorities for the State of Michigan set forth by Governor Rick Snyder and MDCH Director James Haveman: “My vision for improving the health of Michiganders and the resulting strategic priority areas coincide with the needs of citizens with chronic physical and behavioral health (i.e., mental health and substance use disorders) conditions who are particularly vulnerable and in need of a coordinated system of services and supports. Research indicates a lack of care coordination and support is associated with the premature death of people from this population largely due to preventable, treatable, physical health conditions.” (February 7, 2013, Governor Rick Snyder)

**Integrated Healthcare (IH)** is defined as the comprehensive and coordinated person-centered system of care that allows for healthcare professionals (i.e., behavioral health, primary care, and specialty providers) to consider all health conditions at the same time, resulting in the systematic coordination of physical and behavioral healthcare. Research and experience has shown integrated healthcare services produce the best outcomes for people with multiple and complex healthcare needs.

Beginning in FY09 and continuing through FY14, MDCH has supported PIHPs and CMHSPs across the state of Michigan with targeted funding to develop IH services. In FY12, MDCH, in cooperation with Michigan’s Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Service Programs (CMHSPs), set priorities that began an intentional and coordinated statewide effort to include physical, substance, and mental healthcare into one seamless service. Strategic priorities for 2011-2014, emphasizing the importance of Four Key Healthy Behaviors and Four Key Health Indicators, remain. Additionally, access to excellent and compassionate Behavioral Health and Developmental Disabilities services and the progression to adopt electronic health records continue to remain top priorities.

In FY13, due to variations in how IH services are developing across the State, each PIHP completed a comprehensive assessment tool and chose at least one area specific to the individual needs of the PIHP to build upon and enhance with one year of federal Community Mental Health Block Grant funding. Additionally, Consumer-Run Drop-In Centers (DIC) applied for funding to enhance individual DIC programming to help members increase health literacy and learn how to improve their physical and behavioral health. With this non-competitive block grant opportunity, a new requirement for goals and objectives that resulted in measurable outcomes for both PIHPs and DICs began. Technical assistance through the National Council for Community Behavioral Healthcare and MDCH was provided to each applying PIHP during the development of goals and objectives. Coaching and technical assistance continues through FY13.

The Mental Health Block Grant for FY14 maintains this support by again offering a non-competitive \$130,000 to each PIHP to continue building integrated systems level healthcare services. A review of the PIHP's FY13 comprehensive needs assessment, logic model, goals, and workplans will be helpful in targeting new efforts and formulating the new strategic goals for FY14.

Expected domains for continuing development through block grant funding include:

1. Organizational Governance and Infrastructure
2. Funding and Sustainability
3. Management of Health Information and Data
4. Consumer Access to Primary and Behavioral Health Services
5. Clinical Services Coordination
6. Use of Evidence-Based Practices for Integrated Healthcare Services Delivery
7. Development of a Network of Care Providers and Community Organizations
8. Staff development & training

In FY14, each PIHP may apply for a maximum of \$5,000 for each MDCH approved DIC existing within the region. This funding is to be used to continue building integrated health activities facilitated by the DICs not already covered by their regular operating budget that furthers the initiatives proposed and developed throughout the past fiscal year. Examples of acceptable use include healthy cooking classes, walking clubs, gardening, computer software for training on nutrition, recreational activities that have been shown to promote health and exercise, smoking cessation programming, education regarding emotional eating, etc.

Applications for FY14 block grant funding of \$130,000 per PIHP and \$5,000 per DIC should include:

- ✓ a brief description of the PIHP, CMHSP, and DIC achievements and barriers to date on the current initiatives;
- ✓ an updated workplan with measurable goals, objectives, and activities;
- ✓ budget pages (DCH-0385 and DCH-0386);
- ✓ a budget narrative; and
- ✓ contact information, including telephone number and e-mail address, for the project director.

Integrated Health Coaches and MDCH Program Specialists will be available to assist each PIHP in finalizing workplans and budgets on an individual basis.

The formal grant submission, including all of the required documents listed above, must be submitted electronically (in Microsoft Word or Excel only) to Karen Cashen, Grants Manager, at [cashenk@michigan.gov](mailto:cashenk@michigan.gov) by **Thursday, May 2, 2013, at 5:00 p.m.**

It is acknowledged that today's PIHP and CMHSP agencies, along with colleagues from Federally Qualified Health Centers and Community Health Centers, are operating in a rapidly changing healthcare service environment. This puts a premium on the development and maintenance of ongoing collaboration and communication regarding local, state, and federal health reform efforts.

As part of this block grant offering, MDCH will work in cooperation with the Michigan Association of Mental Health Boards (MACMHB) to provide ongoing professional training and technical assistance to all grantees through the statewide Learning Community, integrated health coaching calls, technical assistance through the MDCH Program Specialist, information provided on the [www.improvingmipractices.org](http://www.improvingmipractices.org) website, and other venues as the needs are identified.

It is understood that the timelines for the FY14 grant year will be overlapping with Michigan's efforts to restructure our public behavioral health system from what are currently 18 PIHPs to a proposed 10 PIHPs. The earliest that the 10 PIHP structure will legally be in place is anticipated as January 1, 2014. Because the Federal Block Grant will be following a different funding year calendar, this RFA is extended with the understanding that applicants will submit proposals under the auspices of the existing 18 PIHPs, and that any subsequent transitions that may occur in areas where multiple existing PIHPs will be combined to form one of the new PIHPs will subsequently include the management of those multiple projects in good faith.

### **Use of Block Grant Funds:**

Consistent with federal strategies for state developmental infrastructure activities, Community Mental Health Block Grant funds are to be used for activities designed to improve the system of care by promoting resiliency and recovery. These activities include the provision of evidence-based practices and innovative and promising practices, and the promotion of consumer-driven mental health care (behavioral health care?). All activities must be built around and consistent with person-centered planning principles and practices, and with consumer choice.

Community Mental Health Block Grant funds may NOT be used to supplant existing mental health funding. They may NOT be used to fund Medicaid-approved services for Medicaid recipients.

In addition, Federal authorizing legislation specifies that these funds may not be used to:

- ☐ provide inpatient services;
- ☐ make cash payments to intended recipients of mental health services (e.g., stipends, rent or lease payments, utility arrearages, insurance, furnishings, personal items, etc.);
- ☐ purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment;

- ☐ satisfy any requirement for the expenditure of non-Federal funds as a condition of the receipt of federal funds; or
- ☐ provide financial assistance to any entity other than a public or nonprofit private entity.

MDCH contracts require that any service or activity funded in whole or in part with this funding be delivered in a smoke-free facility or environment.

In addition, this RFA calls attention to the mental health block grant's emphasis upon service provision, and the following restrictions are also included:

- ☐ no medication purchases;
- ☐ no vehicle purchases, leases, or insurance; and
- ☐ no administrative (e.g., office space, utilities, LAN line telephones, Internet, insurance, etc.) or indirect expenses.

The following outline three ways in which mental health block grant funds may be used for project staffing so that no supplanting occurs:

- ☐ if the position is a new hire;
- ☐ if the position is assuming additional hours (e.g., part-time to full-time) and block grant funds are paying for the additional hours only; or
- ☐ if an existing staff member is assuming the duties of the new project and their old position will be backfilled with a comparable new hire.

For staff that were hired as part of the FY13 Integrated Healthcare block grant projects, MDCH views these positions as continuing into year two (FY14). Therefore, if other funding is not available to support these position(s), they may be shown on your budget and block grant funds may be used to pay their salary and fringe benefits. It is expected that the PIHP will be prepared to sustain these positions at the end of FY14. Any other existing staff may not be paid for with block grant funds unless the position meets one of the three requirements listed above.